



STATE OF MAINE
RECIPROCITY REPORTING FORM
 (IN STATE WORK BY OUT OF STATE COMPANIES)

NAME OF LICENSEE:		LICENSE NUMBER:	
ADDRESS OF LICENSEE:		STATE:	
		EXPIRATION DATE:	
		TYPE OF REPORT	
		INITIAL	
		REVISION	
		CLARIFICATION	
RSO/CONTACT:		TELEPHONE:	
		FAX:	
ACTIVITIES TO BE CONDUCTED IN THE STATE			
PORTABLE GAUGES	RADIOGRAPHY	LEAK TESTING AND/OR CALIBRATION	
TELETHERAPY/IRRADIATOR SERVICE	OTHER: (specify)		

PLACE WHERE WORK WILL BE DONE

LOCATION	PEOPLE DOING WORK	ISOTOPE/ACTIVITY	DATES/TIMES OF WORK
CLIENT & SPECIFIC LOCATION:			
CLIENT CONTACT & PHONE:			
CLIENT & SPECIFIC LOCATION:			
CLIENT CONTACT & PHONE:			

Send this report so it will arrive at least three (3) working days prior to work commencement to: Radiation Control Program, 10 State House Station, Augusta, Maine 04333-0010. Call (207) 287-5676 with any questions. Fax (207) 287-3059.
Licensed activity cannot commence until approved by the Agency.

Reporting Official:		Signature:		Date
Agency Use Only	Authorizing Official:	Signature:		Date

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